



**SYSTEM POINT OF ENTRY (SPOE) STATE EVENT INVOICE**

AGENCY NAME AND SYSTEM POINT OF ENTRY (SPOE) REGION	INVOICE NUMBER (USE UNIQUE NUMBER)
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**INSTRUCTIONS**

The Office of Special Education reimburses the System Point of Entry (SPOE) for travel expenses to certain events in accordance with contractual requirements. The SPOE Director or designated representative shall complete this invoice. Only one event may be billed per invoice. This invoice is due within 60 days from the date of the event.

For information on reimbursement rates for mileage, lodging, and meals, visit the CONUS rate website at: <http://www.gsa.gov/portal/category/100120>.

For questions about the form, contact First Steps at (573) 522-8762 or email [sefirststeps@dese.mo.gov](mailto:sefirststeps@dese.mo.gov).

Submit the completed invoice to:  
Missouri Department of Elementary & Secondary Education  
ATTN: First Steps  
P.O. Box 480  
Jefferson City, MO 65102

**EVENT INFORMATION**

EVENT TYPE

- Regional Interagency Coordinating Council Quarterly Meeting - Attach sign-in sheet and mileage per person.
- SPOE Director Meeting - Attach hotel receipt, if applicable.
- Other State Event - Describe: \_\_\_\_\_

PRINTED NAME(S) OF PERSON(S) ATTENDING			EVENT LOCATION AND DATE
Miles (Round Trip)	_____ Miles	x \$0.37 (Mileage rate)	\$
Lodging	_____ Person(s)	x _____ Evening(s)	\$
Breakfast	_____ Person(s)	x _____ Breakfast	\$
Lunch	_____ Person(s)	x _____ Lunch	\$
Dinner	_____ Person(s)	x _____ Dinner	\$
<b>TOTAL EXPENSES</b>			<b>\$</b>

**SIGNATURE**

SIGNATURE OF AGENCY REPRESENTATIVE	PRINTED NAME	DATE OF SIGNATURE
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**STATE USE ONLY**

APPROVAL SIGNATURE	PRINTED NAME	DATE OF SIGNATURE
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